

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO
101585857

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 13 | | 1 | 1 | 1 | 1 | 1 |
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| TOTAL IND. | | | | 9 | | |
| TOTAL DEP. | | | | 11 | | |
| TOTAL CLAIMS | | | | 20 | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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